407 NORTH EIGHTH STREET MOUNT HOREB 53572 Phone: (608) 437-5511 Ownership: Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Skilled Highest Level License: Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Yes Number of Beds Set Up and Staffed (12/31/05): 119 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/05): 119 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/05: 107 Average Daily Census: 103

INGLESIDE NURSING HOME

Age, Gender, and Primary Diagnosis	Length of Stay (12/31/05)					
Primary Diagnosis	%	Age Groups	*	Less Than 1 Year	43.0	
Developmental Disabilities	0.9		8.4	1 - 4 Years   More Than 4 Years	37.4 19.6	
Mental Illness (Org./Psy)	33.6	65 - 74	8.4			
Mental Illness (Other)	0.9	75 - 84	25.2		100.0	
Alcohol & Other Drug Abuse	0.0	85 - 94	44.9			
Para-, Quadra-, Hemiplegic	95 & Over	13.1	3.1 Full-Time Equivalent			
Cancer	7.5			Nursing Staff per 100 Resid	lents	
Fractures	0.0		100.0	(12/31/05)		
Cardiovascular	15.0	65 & Over	91.6			
Cerebrovascular	8.4			RNs	11.4	
Diabetes	2.8	Gender	%	LPNs	7.1	
Respiratory	4.7			Nursing Assistants,		
Other Medical Conditions	26.2	Male	28.0	Aides, & Orderlies	47.1	
		Female	72.0			
	100.0			İ		
			100.0	İ		

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## Method of Reimbursement

		edicare itle 18			Medicaid 'itle 19			Other			Private Pay	2		amily Care		1	Managed Care	<u>l</u>		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	<b>%</b>	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	1	9.1	488	5	8.6	154	0	0.0	0	2	6.3	179	0	0.0	0	0	0.0	0	8	7.5
Skilled Care	10	90.9	398	52	89.7	131	0	0.0	0	29	90.6	182	0	0.0	0	6	100.0	163	97	90.7
Intermediate				0	0.0	0	0	0.0	0	1	3.1	175	0	0.0	0	0	0.0	0	1	0.9
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				1	1.7	194	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.9
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende:	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	11	100.0		58	100.0		0	0.0		32	100.0		0	0.0		6	100.0		107	100.0

INGLESIDE NURSING HOME

Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/05
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	-	Number of
Private Home/No Home Health	3.4	Daily Living (ADL)	Independent	One	or Two Staff	Dependent	Residents
Private Home/With Home Health	0.6	Bathing	4.7		69.2	26.2	107
Other Nursing Homes	3.4	Dressing	5.6		83.2	11.2	107
Acute Care Hospitals	85.9	Transferring	12.1		67.3	20.6	107
Psych. HospMR/DD Facilities	0.0	Toilet Use	7.5		72.0	20.6	107
Rehabilitation Hospitals	0.0	Eating	31.8		54.2	14.0	107
Other Locations	2.8	*******	******	*****	*****	* * * * * * * * * * * * * * * * * * * *	*****
Total Number of Admissions	177	Continence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	4.7	Receiving Resp	iratory Care	8.4
Private Home/No Home Health	12.0	Occ/Freq. Incontinen	t of Bladder	61.7	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	34.9	Occ/Freq. Incontinen	t of Bowel	37.4	Receiving Suct	ioning	0.0
Other Nursing Homes	0.6	į			Receiving Osto	my Care	4.7
Acute Care Hospitals	3.4	Mobility			Receiving Tube	Feeding	3.7
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	0.0	Receiving Mech	anically Altered Diets	43.0
Rehabilitation Hospitals	0.6	į				_	
Other Locations	1.1	Skin Care			Other Resident C	haracteristics	
Deaths	34.3	With Pressure Sores		2.8	Have Advance D	irectives	100.0
Total Number of Discharges		With Rashes		12.1	Medications		
(Including Deaths)	175				Receiving Psyc	hoactive Drugs	69.2

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:					
	This	Pro	prietary	100	-199	Ski	lled	Al	1			
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities			
	%	%	Ratio	8	Ratio	%	Ratio	%	Ratio			
Occupancy Rate: Average Daily Census/Licensed Beds	86.6	85.8	1.01	90.1	0.96	88.8	0.97	88.1	0.98			
Current Residents from In-County	84.1	81.3	1.03	84.9	0.99	83.2	1.01	77.6	1.08			
Admissions from In-County, Still Residing	21.5	16.8	1.28	18.1	1.19	18.7	1.15	18.1	1.18			
Admissions/Average Daily Census	171.8	216.2	0.79	188.0	0.91	177.7	0.97	162.3	1.06			
Discharges/Average Daily Census	169.9	217.8	0.78	191.1	0.89	179.2	0.95	165.1	1.03			
Discharges To Private Residence/Average Daily Census	79.6	100.9	0.79	87.1	0.91	83.4	0.95	74.8	1.06			
Residents Receiving Skilled Care	98.1	97.2	1.01	96.6	1.02	96.3	1.02	92.1	1.07			
Residents Aged 65 and Older	91.6	91.5	1.00	90.0	1.02	91.3	1.00	88.4	1.04			
Title 19 (Medicaid) Funded Residents	54.2	61.7	0.88	62.3	0.87	61.8	0.88	65.3	0.83			
Private Pay Funded Residents	29.9	19.4	1.54	20.8	1.44	22.5	1.33	20.2	1.48			
Developmentally Disabled Residents	0.9	0.9	1.07	0.9	0.99	1.1	0.85	5.0	0.19			
Mentally Ill Residents	34.6	28.9	1.20	34.5	1.00	34.8	0.99	32.9	1.05			
General Medical Service Residents	26.2	23.7	1.10	22.0	1.19	23.0	1.14	22.8	1.15			
Impaired ADL (Mean)	53.3	47.9	1.11	48.8	1.09	48.4	1.10	49.2	1.08			
Psychological Problems	69.2	59.1	1.17	59.9	1.16	59.5	1.16	58.5	1.18			
Nursing Care Required (Mean)	9.3	7.1	1.32	7.3	1.29	7.2	1.30	7.4	1.26			